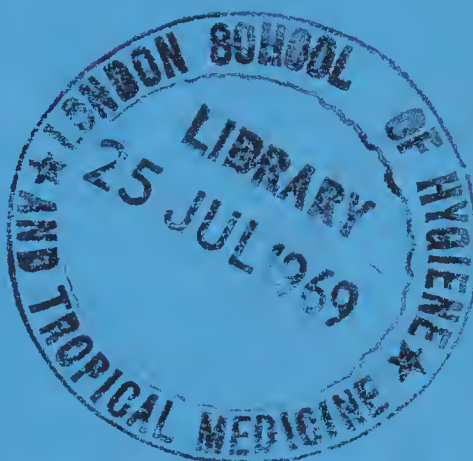


donated by Oldham.
448 66

COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

OF THE

Principal School Medical Officer

J. T. CHALMERS KEDDIE

M.B., D.P.H.

1961

COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

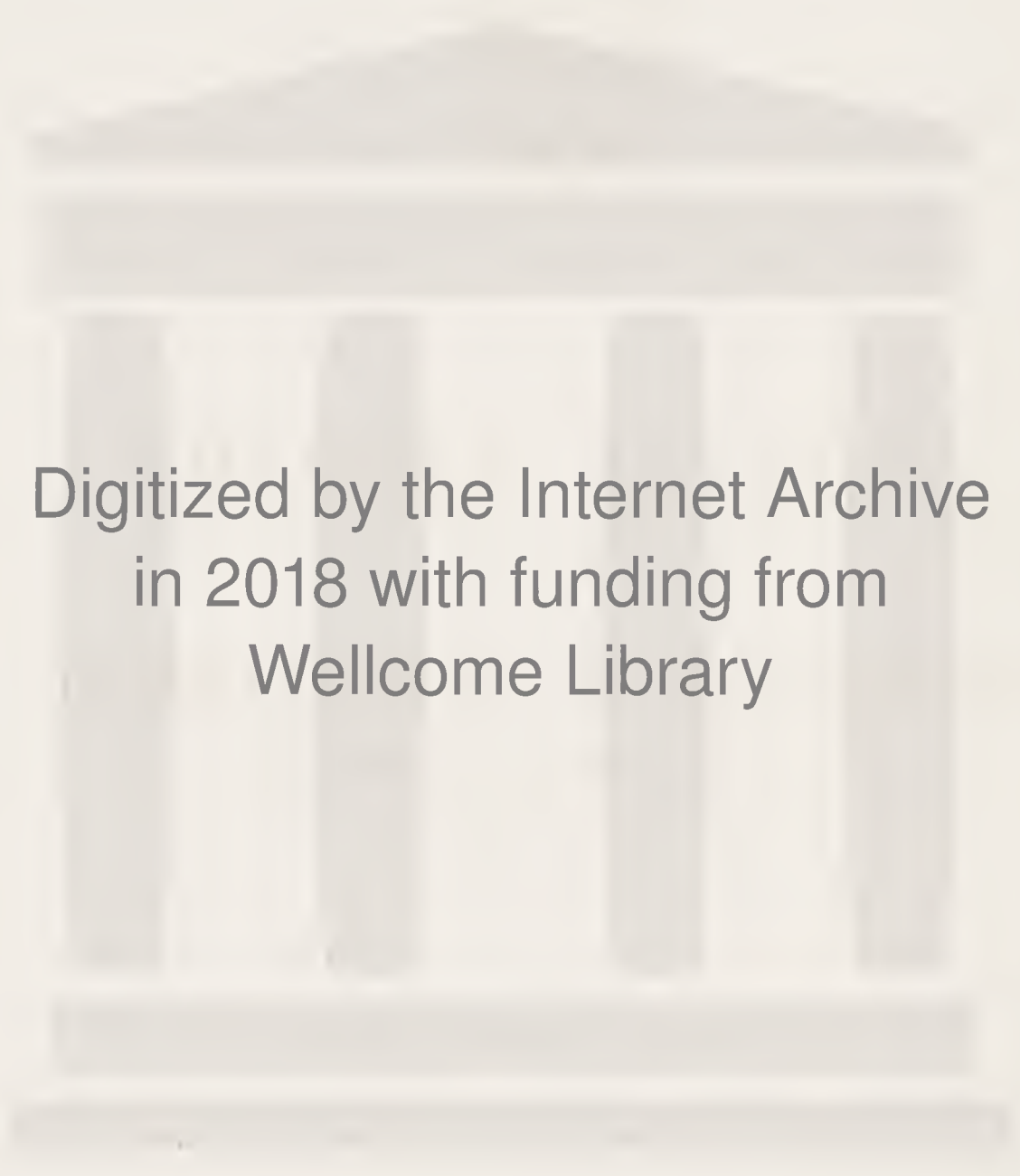
OF THE

Principal School Medical Officer

J. T. CHALMERS KEDDIE

M.B., D.P.H.

1961



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29937590>

INDEX

	Page
Attendance Centre—Medical Examinations	54
Audiometry	14
B.C.G. Vaccination	37
Castleshaw Camp School	53
Child Guidance	26
College Entrants—Medical Examinations	54
Colour Vision	15
Convalescence	22
Co-operation of Parents, Teachers, etc.	17
Deaths in School Children	38
Dental Service	23
Education Committee Members	4
Employment of School Children	16
Grammar Schools	15
Handicapped Pupils	39
Hospital Schools	22
Hospital and Specialist Services	18
Hospital Teaching	53
Infectious Diseases	28
Introduction	5
Immunisation and Vaccination	34
Medical Inspection—Periodic and Special	13
Ministry of Education—Medical Inspection Returns	59
National Survey—Health and Development of Children	55
Nursery Schools and Classes	39
Physical Education	57
School Clinics	10
School Exclusion—Infectious Diseases	33
School Hygiene, Accommodation and Attendance	12
School Meals—Provision of	56
School Meals Staff—Medical Examinations	56
Staff	8 & 11
Teaching Staff—Medical Examinations	54
Treatment—Arrangements for	19
Tuberculosis	31
Uncleanliness Examinations	16

EDUCATION COMMITTEE

(from 23rd May, 1961)

Council Members

Councillor J. T. Hilton, J.P. (Chairman)
 Alderman J. H. Broadbent (Deputy Chairman)
 Alderman Alice A. Kenyon, J.P. (The Mayor)
 Alderman W. B. Forrest
 Alderman W. Orrell
 Councillor M. F. Bamford
 Councillor Ellen Brierley, B.A., J.P.
 Councillor A. Coop
 Councillor N. Farrow
 Councillor D. Jackson
 Councillor C. McCall
 Councillor A. B. McConnell
 Councillor F. Platt
 Councillor Ethel Rothwell, J.P.
 Councillor J. M. Scott
 Councillor C. Sykes
 Councillor J. Warrener

Co-opted Members

Very Rev. Canon M. Fitzgerald, B.A., L.S.Sc.
 Rev. J. Calderley
 Rev. F. W. Robinson, B.A., B.D.
 Mr. W. Barker
 Mr. R. Richmond
 Mr. J. Askew
 Mr. G. W. Poate
 Mr. W. J. Carroll

Director

Maurice Harrison, M.A., M.Ed., B.Sc.

Deputy Director

G. R. Pritchett, M.A.

SCHOOL HEALTH DEPARTMENT,
TOWN HALL,
OLDHAM, August, 1962.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for the year 1961.

There has been some delay in the appearance of this report, but staffing problems have not been quite so serious on the clerical side during the past year. A review of the staff establishment resulted in the up-grading of certain senior posts and this has resulted in some stability and continuity.

During the year there was only one appointment made to the medical staff and one resignation accepted. The appointment, which was made in May, was to fill a vacancy which had existed since March of the previous year. In spite of repeated advertisement it was not possible to fill the new vacancy.

In March, Miss Moordaff, Superintendent School Nurse, having been given eighteen months special leave of absence without salary, left for Morocco to take up the duties of Chief Public Health Nurse with the American Joint Distribution Committee. It is essential that those nations who have developed their health services to a high degree and have experienced and trained personnel who can be temporarily released should aid those communities who are not so favoured and sorely need this type of help. The trained and experienced officers in this country cannot be expected to sacrifice their posts and take up new responsibilities under strange conditions, but many would willingly give temporary help. The granting of this special leave for duties overseas is to be commended. During the absence of Miss Moordaff, her duties have been most efficiently performed by the Deputy Superintendent School Nurse, Miss Williamson. I wish to record my appreciation of her loyal and generous help.

There has been no radical change in the routine work. The Orthoptic Clinic has had a busy year. We are indeed fortunate to have this service with a qualified Orthoptist in charge. Mrs. Carter has had a very busy year with her Speech Therapy sessions and is to be congratulated on the results she has achieved and the progress she has made. It is unfortunate that we have not been able to appoint an additional Therapist which the establishment permits. At long last we have secured the services of a full-time Educational Psychologist and Miss Anne-Marie McNamara commenced duty in July. Dr. L. B. Hardman reluctantly reduced his sessions at the Ophthalmic Clinic from five to four and it was quite impossible to secure the services of an Ophthalmic Surgeon who would undertake any additional sessions. At the Aural Clinic the number of attendances and new cases examined has increased compared with the previous year. Unfortunately, the number of children awaiting operative treatment for tonsils and adenoids increased substantially and on the 31st December totalled 75 compared with 43 for the previous year. This was entirely due to the suspension of these operations on children during the poliomyelitis outbreak and applied from the 4th August to the 19th December.

Once again it has not been possible to appoint a full-time dental officer to the staff as no applications were received. Fortunately, more part-time assistance was available, and as a result there was quite a marked increase in the amount of work undertaken compared with the previous year—1,412 more children received a periodic dental inspection, 5,955 children accepted and received treatment compared with 5,446, but most marked was the increase in the number of fillings inserted into permanent and temporary teeth, 7,970 compared with 4,151 in the previous year. It is

gratifying that during the year it was possible to effect this increase but nevertheless it is tragic that permanent staff cannot be obtained. The employment of temporary part-time staff serves a useful purpose, but it does not build up an efficient and stable service. There is an urgent need for dental health education to be given to children and to their parents. It is quite impossible to launch any campaign of this sort with the chronic lack of permanent staff. Two evening sessions per week were held for older children. These sessions prevent these children from missing important school lessons and are to be commended.

Apart from poliomyelitis, the notifiable infectious diseases caused no concern. Even dysentery, which from time to time has disturbed school routine and caused extra labour, produced only 44 cases. There were 16 cases of whooping cough notified and confirmed and 3 of these were in children who had received the protective injections. It is interesting to record that 5 of the cases were children attending Junior Departments and 2 were attending Secondary Modern Schools. None of these older children had been protected against whooping cough.

An outbreak of poliomyelitis was the most disturbing problem of the year. This outbreak was the worst that has ever occurred in the Borough and it also involved the adjacent districts of Saddleworth, Chadderton, Shaw, Royton, Middleton, and the part of Manchester adjacent to Chadderton. The outbreak lasted from July to December and there were 18 cases notified (2 adults, 3 schoolchildren, 13 pre-school children.) Of the 3 cases which occurred among schoolchildren 1 was non-paralytic in type and all made a complete recovery. It is to be regretted that 1 case occurred in a nursery class. The parents of this child were offered vaccination but this was refused by the mother. The Headmaster of St. Hugh's Junior School contracted the disease and died. He did not reside in Oldham so this case is not recorded as a notified case. This was a very tragic happening. It was not necessary to close any school or class, and the only restriction was on tonsil and adenoid operations. I wish to record here the co-operation I received from the Headteachers and staff of those schools in which cases occurred. The occurrence of these cases threw a burden of responsibility and extra work upon the teachers and they gave myself and staff every assistance. I also wish to record the assistance they gave when vaccination sessions were arranged. This enabled us to protect a very high percentage of children. It is gratifying to record that no secondary cases occurred in the schools concerned.

There were 2 cases of pulmonary tuberculosis notified and confirmed. Both made satisfactory progress and were discharged from hospital after a stay of some months. No cases of non-pulmonary tuberculosis occurred during the year.

Throughout the year poliomyelitis vaccination was again pressed with full vigour and the outbreak of poliomyelitis helped to swell the number of consents received from parents and draw in some of the laggards. I cannot speak too highly of the co-operation that was received from the teachers and I do appreciate that this caused disturbance of school routine and extra work and responsibility. It is anticipated, however, that in the early future such disturbance as is caused will be much reduced and it is our earnest hope that a very high percentage of children will have received the primary course of vaccination prior to school entry and only booster doses will be necessary in the schools. An urgent demand for smallpox vaccination arose as the result of a party of children from Fitton Hill Secondary Modern School having booked a school trip to the Costa Brava. Within a few hours of their departure a local Travel Agency was advised that as the children would be travelling through France they had to produce a valid certificate of vaccination as a case of smallpox had been reported in Madrid. It would have been very disappointing for all concerned had the trip to be cancelled so arrangements were made for vaccination to be done the day of their departure.

Every precaution was taken and no serious complications arose. I wish to record the help that was received from the staff who travelled with the party and had the responsibility of these children during their holiday.

The various defects found at the medical inspections and the arrangement for treatment are detailed in the body of the Report. The results of the school nurses' examinations in connection with 'uncleanliness' must cause concern. It is disturbing to report that over 1,000 individual children were found to have some degree of infestation. It is true that the standard set by the staff is high and that the number of children found to be infested has fallen in recent years. Nevertheless, it is disappointing to record such a high figure, when housing and social conditions have so much improved over the years.

The deaths among school children totalled 4. One death was the result of a road accident and one tragic case of suicide—a boy of 13 years. The remaining 2 deaths were due to medical causes, which are as yet unpreventable. Both these children received skilled medical care.

In previous reports I have commented on the health of our school children and the general absence of serious ill health and debilitating disease. I have reviewed yearly the deaths among school children. A summary of these would reveal a most interesting and encouraging feature and it is the intention to publish a review of these deaths in a future report. This year on page 32 is given a table of the incidence of the chief notifiable diseases during the years 1936/1961. This shows the success that has been achieved. Measles still takes its toll but modern drugs have greatly reduced the damage and debility that results and deaths are few but usually among the infants of tender and early years. Whooping cough can and must be stamped out and no school child should contract the disease. Poliomyelitis will soon be with us no longer and tuberculosis should cause little concern. A few cases of pulmonary disease continue to occur but these are usually detected in the early stage and permanent cure results. Dysentery will, I fear, continue to cause toil and trouble. Fortunately, it very rarely leaves the individual with any permanent ill effects.

The provision for our handicapped pupils has always been the pride of the Committee and our special schools have given these children the education they so much need. This year some preliminary work which has been undertaken in connection with a group of partially deaf children is described. The staff of the Beever Special School for the Deaf and Partially Deaf are doing especially good work with the children who are their responsibility and this year they have cause for very special satisfaction. One of their pupils, a girl aged 11 years passed for admission to the Mary Hare Grammar School, Newbury, Berks. and commenced her studies there in September. This is the first pupil ever to be accepted for grammar school education. She attended the Beever Special School from the age of five years and was admitted from the area of the Lancashire County Council where she still resides.

I wish to record my thanks to all the staff for their loyal service during the year. My special thanks are due to Mr. D. Marshall, the Senior School Health Service Clerk who has most ably assisted in the preparation of this report.

I also wish to thank the Chairman and members of the Ancillary Services Sub-Committee for their continuous help and encouragement. Finally, I wish to record my appreciation and thanks to the Director of Education and his staff and to the teachers for their generous help and co-operation.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. T. CHALMERS KEDDIE, Principal School Medical Officer.

SCHOOL HEALTH SERVICE

Principal School Medical Officer

J. T. Chalmers Keddie, M.B., Ch.B., D.P.H.

Senior Assistant School Medical Officer

J. Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers

Edna Circuit, M.B., Ch.B., D.P.H.

H. C. Jennings, M.B., Ch.B., D.Obst., R.C.O.G.

J. E. Lunn, M.D., D.P.H., D.P.A.

J. Briffa Boothman, M.D. (Malta) (to 30-9-61)

E. M. R. Stuart, M.B., B.Ch., B.A.O. (from 16-5-61)

Principal School Dental Officer

J. Fenton, L.D.S.

Dental Officers

J. H. Woolley, L.D.S.

Consultants

G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. *Anæsthetist*

J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S. *Aural Surgeon*

F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P. *Ophthalmic Surgeon*

D. Hilson, M.A., M.B., B.Chir., D.C.H., M.R.C.P. *Pædiatrician*

OPHTHALMIC SURGEON

L. B. Hardman, L.R.C.P., L.R.C.S., D.O.M.S.

Child Guidance Clinic

Consultant Psychiatrist

Dr. Arthur Pool, M.B., Ch.B., M.R.C.P., D.P.M.

Educational Psychologist

K. G. Hare, B.A. (from 13-2-61 to 31-12-61)
Miss Anne-Marie McNamara, B.A.(Hons.) (from 10-7-61)

Orthoptist

Miss Elisabeth Schofield, D.B.O.

Superintendent School Nurse

**Miss A. W. Moordaff, S.R.N., H.V.Cert.
Miss C. Williamson, S.R.N., S.C.M., H.V.Cert.
(temporary from 6-3-61)

Deputy Superintendent School Nurse

Miss C. Williamson, S.R.N., S.C.M., H.V.Cert.

Senior School Nurse

Mrs. H. Emmott, S.R.N., S.R.F.N., H.V.Cert.

School Nurses

'A' Mrs. C. Reeves	'B' Mrs. H. Hughes
'A' Mrs. C. Smith	'E' Mrs. O. Knott *
'E' Mrs. D. Spencer *	'A' Mrs. M. McKenna
'A' Mrs. M. Hartley	'A' Miss S. E. Nixon
'C' Mrs. B. Stott (to 28-2-61)	'A' Mrs. A. M. Walshe
'A' Mrs. S. Clayton	'D' Mrs. H. Eglin*
'A' Mrs. M. A. Sencicle	'B' Miss I. Fisher
'A' Miss M. Slater	'A' Mrs. J. Chapman (née Hitchen)
'A' Mrs. W. Frost (from 1-2-61)	'B' Mrs. P. Lewis (to 28-2-61)
'A' Mrs. N. M. McWiggin	'B' Mrs. S. Seddon (to 19-6-61)

Nursing Auxiliary

Mrs. E. Doolan, S.E.A.N.

'A' S.R.N., S.C.M., H.V.Cert.
'B' S.R.N., H.V.Cert.
'C' R.S.C.N., H.V.Cert.
'D' S.R.N., S.R.F.N.
'E' S.R.N.

* Temporary—Part-time.

**Granted special leave of absence from 6-3-61.

Miss C. Williamson, Deputy Superintendent School Nurse,
appointed temporary Superintendent School Nurse for
period of leave.

SCHOOL CLINICS

Minor Ailment Clinics

Gower Street	—Monday-Friday, 9 a.m. to 10-30 a.m.
Scottfield (off Ashton Road)	—Monday-Friday, 9 a.m. to 10-30 a.m.

Dental Clinics

Eagle Street	—By Appointment
Gower Street	—By Appointment
Gainsborough Avenue	—By Appointment

Ophthalmic Clinic

Scottfield	—Monday	9 a.m.	} (By appointment only)
	Wednesday	2 p.m.	
	Thursday	9 a.m.	
	Friday	2 p.m.	

Orthoptic Clinic

Scottfield	—By appointment only.
------------	-----------------------

Consultant Aural Clinic

Scottfield	—Friday, 9-45 a.m. (By appointment only)
------------	---

Speech Therapy Clinic

Gainsborough Avenue	(By appointment only)
---------------------	-----------------------

Child Guidance Clinic

Honeywell Lane	—By appointment only.
----------------	-----------------------

ANNUAL REPORT

STAFF

In May, Dr. E. M. R. Stuart was appointed to a post which had been vacant since March of last year. Dr. J. Briffa Boothman left the service in September, having been appointed to a similar post with the City of Kingston-upon-Hull. The post vacated by him was still unfilled at the end of the year.

The staffing of the Dental Service has been more satisfactory than has been the case for a number of years. Although one full-time officer only was employed throughout the year, we have been able to secure the services of part-time dental officers who gave regular service during the year. The service provided by these officers, and the salaried staff, during the year has been equivalent to four full-time officers employed for a full year. The establishment provides for five full-time officers.

Miss A. W. Moordaff, Superintendent School Nurse, was offered the appointment of Chief Public Health Nurse with the American Joint Distribution Committee for their health programme in Morocco. This Committee has health and medical services centred primarily in the large cities, Casablanca, Marrakech and Fez. The Chief Nurse is responsible for the general administration of these services, for the supervision of nurses, and for developing training courses for them.

Miss Moordaff requested leave of absence without salary so that she could accept this post. The Establishment Committee granted her leave of absence for a period of 18 months and she ceased duties on the 6th March. Miss C. Williamson, Deputy Superintendent School Nurse, took over Miss Moordaff's duties from this date.

Dr. Arthur Pool continued to assist as Consultant Psychiatrist at the Child Guidance Clinic, and until July, Mr. K. G. Hare, the Public Health Department Psychologist devoted two sessions per week to the service. Miss Ann-Marie McNamara was appointed to the post of Educational Psychologist in July and she spent three sessions of her time on Child Guidance Clinic duties. This is the first occasion that the post of Educational Psychologist has been filled since it was created in 1958.

Liaison

All the Medical Officers employed in the School Health Service are also Assistant Medical Officers of Health and undertake duties in the Public Health Department.

The Superintendent Health Visitor is also the Superintendent School Nurse and this arrangement provides the closest co-operation between the School Health Service and the other nursing activities of the Public Health Department. All Health Visitors are appointed as Health Visitor/School Nurse and undertake duties in the School Health Service. Owing to the difficulty of obtaining School Nurses with the Health Visitor's Certificate, qualified nurses are employed in a temporary capacity.

SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE

I am indebted to Mr. M. Harrison, Director of Education, for the following information:—

- (1) There were no new schools completed or occupied during the year.
- (2) One new school is under construction but not yet ready for use:—
 - (a) Marland Fold Educationally Sub-Normal School.
- (3) Work will commence on the following schools in 1962:—
 - (a) St. Alban's Roman Catholic School.
 - (b) St. Martin's Church of England Junior School, Fitton Hill.
- (4) The following additions and adaptations were completed during the year:—
 - (a) Greenhill Grammar School—Lavatory Block.
Greenhill Grammar School — Remodelling Cloakrooms.
 - (b) Higginshaw Secondary and Junior Schools — Internal Lavatory and Staff Room Accommodation.
 - (c) Werneth County Junior and Infant Schools — Internal Lavatory and Staff Room Accommodation.
 - (d) Improvements to Staff Rooms in Various Schools.
- (5) The following new dining rooms and kitchens were completed during the year:—
 - (a) Hathershaw County Primary School.
 - (b) Strinesdale Open Air School.
- (6) The following schools have been included in the building programme approved for the Oldham Authority for 1961/62:—
 - (a) Deanshutt County Infant School.
 - (b) Alt Primary School—Second stage.

(7) The following school has been included in the Building Programme approved for the Oldham Authority for the year 1962/63:—

(a) Breeze Hill Secondary Modern School — Second stage.

School Accommodation—The number of children on the register in December, 1961, was 18,408, a decrease of 85 compared with the previous year. The distribution is as follows:—

	Senior	Junior	Infant	Total
County Schools	4,053	4,178	3,267	11,498
Voluntary Schools	1,486	2,042	1,494	5,022
	—	—	—	—
Totals	5,539	6,220	4,761	16,520
	—	—	—	—
Counthill Grammar School ...	646			
Greenhill Grammar School ...	456			
Hathershaw Tech. High Schl.	473			
Junior School of Art	48			

Special Schools:—

Sen. & Jun.

Beever Special School:

Deaf and Partially Deaf 25

Scottfield Special School:

Physically Handicapped 26

Chaucer Special School:

Educationally Sub-normal 103

Waterhead Special School:

Partially Sighted 16

Strinesdale Open-Air School:

Resident 30

Non-resident 65

MEDICAL INSPECTION

Periodic Medical Inspection

The periodic medical inspection of three age groups has been continued and 4,017 children were examined at these inspections.

The number of children inspected in the age groups is as follows:

Entrants	1,417
11-year-olds	1,161
Leavers	1,439
	—
	4,017
	—

In addition, 261 children in nursery schools and classes were examined.

Of the 1,417 entrants examined, 595 (41.99 per cent) were found to have been vaccinated against smallpox. This compares with 37.72 per cent for the previous year.

The following figures show the incidence of certain defects in the 4,278 children who were examined:—

Defect or Disease	No. of children requiring treatment or observation for the Defect	Incidence of the defect per 1,000 children examined
Otitis Media	80	18.70
Nose and Throat	209	48.85
Speech	45	10.52
Cervical Glands	44	10.29
Heart and Circulation	27	6.28
Lungs	44	10.29
Hernia	29	6.74
Epilepsy	12	2.81
Orthopædic	159	37.17

Further details of defects found, etc., are given in Part II of the Ministry of Education Medical Inspection Returns.

General Condition of Children Inspected

Of the 4,278 children examined at periodical medical inspections, 2 were classified as unsatisfactory, which is 0.05 per cent of those examined.

All children whose physical condition is considered to be unsatisfactory are referred for special examination and investigation of the medical and social factors which appertain.

Special Inspection

The medical officers made 1,848 special inspections and 1,623 re-inspections. These inspections were made at the clinics or in the schools.

Audiometry

The routine testing by pure tone audiometry continued throughout the year in Infant Schools, and 1,692 children were examined by the "pure tone sweep test." Thirty-five children failed the test and were referred for re-examination.

Summary of children referred:—

Found on re-test to have normal hearing	4
For re-test or further observation	19
Already attending hospital aural clinic	3
Referred to Scottfield Aural Clinic	9

Of the 9 children referred to the Aural Clinic, 8 were seen by the Consultant Aural Surgeon at the School Clinic. The other child left the district and her records were transferred to the appropriate authority.

The diagnosis made by the Consultant Aural Surgeon in respect of each of the 8 children referred to him is as follows:—

Case 1 (G.W.L.): "Impacted wax."

Case 2 (C.P.G.): "Bilateral catarrhal deafness"—Discharged with satisfactory hearing after treatment.

Case 3 (P.R.T.): "Fairly severe deafness. Probably combined catarrhal and perceptive"—Continue under observation.

Case 4 (C.M.): "Slight unilateral perceptive deafness"—Continue under observation.

Case 5 (W.V.): "Moderate catarrhal deafness"—Improved after removal of adenoids.

Case 6 (J.M.R.): "Slight catarrhal deafness"—Improved after treatment. Continue under observation.

Case 7 (H.N.W.): "Fairly severe bilateral middle ear deafness"—Treatment commenced but family removed to another area.

Case 8 (A.S.R.): "Moderate degree of deafness. Probably perceptive."—Continue under treatment.

Colour Vision

All children at the 11-year-old periodic medical inspection are tested with the Ishihara Charts for any colour vision defect. During the year, 1,161 children were tested and 12 boys were found to have a colour vision defect. No girls were found to have defective colour vision.

Secondary Grammar Schools

All children are examined prior to entering grammar schools and school nurses make an annual visit to test the vision of all pupils in these schools. The routine medical examination is restricted to children entitled to leave school at the end of the school year, but any child who is thought to require a special examination can be brought to the notice of the medical officers when they visit the school.

The following table gives a summary of the results of the leavers' examination and the defects found:—

Number of leavers examined	211
General condition of leavers examined:	
Satisfactory	211
Unsatisfactory	—
Defect or disease requiring treatment:	
Eyes — Vision	1

Uncleanliness Examinations

Statistical details of school nurses' work in connection with head infestation are as follows, with 1960 figures in parenthesis :—

Nurses' first inspections in schools	48,907	(50,218)
Nurses' re-inspections in schools ...	3,476	(4,602)
Number of school visits for first inspection	325	(233)
Number of school visits for re-inspection	402	(500)
Number of individual children found to be infested	1,005	(1,061)

The figure of 1,005 individual children found to be infested represents 5.46 per cent of the school population (5.74 per cent in 1960).

There is again little change to report. While statistical changes year by year are small and probably not significant, the trend in numbers of children found to be infested in recent years is steadily downwards. As has been commented on in previous reports, there is also a definite improvement seen in that severely infested heads are becoming uncommon. There is evidence that suitable insecticides usually made up in a shampoo are being more widely and regularly used.

In spite of this improvement, it is still felt that the inspection procedure (which involves three or four visits to each school yearly, excepting grammar and technical schools) cannot be relaxed and a considerable amount of time has still to be devoted to this problem.

No cleansing notices in accordance with Section 54 of the Education Act, 1944, were served during the year.

EMPLOYMENT OF SCHOOL CHILDREN

A report on each of the 1,228 children examined as secondary school leavers was sent to the Youth Employment Officer. Types of work for which any child is, in the opinion of the Medical Officer, physically unsuited are indicated.

The list of medical contra-indications issued by the Central Youth Employment Executive has been in use throughout the year. It was considered necessary to exclude 81 children from one or more of the following categories of work:—

1—Heavy manual work	11
2—Sedentary work	2
3—Indoor work	—

4—Work involving prolonged standing, much walking, or quick movement from place to place	9
5—Exposure to bad weather	7
6—Work involving wide changes in temperature	7
7—Work in damp atmosphere	8
8—Work in dusty atmosphere	13
9—Work involving much stooping	3
10—Work near moving machinery or moving vehicles	4
11—Work at heights	5
12—Work requiring normally acute vision	21
13—Work requiring normal colour vision	22
14—Work requiring the normal use of hands	2
15—Work involving the handling or preparation of food	4
16—Work requiring freedom from damp hands or skin defects ...	3
17—Work requiring normal hearing	13

Copies of confidential school medical reports are also supplied on the application of a school leaver's medical practitioner.

In addition, children are medically examined as regards the suitability of their entering employment outside school hours. The number examined during the year was 488, and the occupations were as follows:—

Newspaper delivery	386
Errand boys	12
Dancing and acting	29
Shop assistants	32
Delivery boys	20
Clerical work	3
General assistants	5
Farmwork	1

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES

At the request of the Director of Education appointments or home visits are made in cases of prolonged school absence. In almost every case there is consultation with the medical practitioner with beneficial results and, in some cases, special treatment is arranged for the case under review.

The co-operation and help of teachers, the inspector of the local branch of the N.S.P.C.C. and others connected with the welfare of children has been greatly appreciated.

The number of parents or other relatives attending the periodic medical inspections is as follows:—

	1960			1961		
Entrants	1,640	92.19%	...	1,288	90.90%	
11 year olds	1,496	74.13%	...	886	76.31%	
Leavers	176	13.47%	...	227	15.77%	

HOSPITAL AND SPECIALIST SERVICES

The Child Guidance and Orthoptic Clinics are the only specialist services maintained by the Education Committee. Other specialist provision is made by the Manchester Regional Hospital Board through the Oldham and District Hospital Management Committee which provides an Orthopædic Clinic at Gainsborough Avenue where school children can attend. A Pædiatric Out-Patients' Clinic is held at the Oldham and District General Hospital each Monday afternoon and Wednesday morning, and twice a month on Friday afternoon.

The Consultant Pædiatrician, Dr. D. Hilson, is employed in a consultative capacity. Under this arrangement he gives advice and submits any special reports that may be required by the Principal School Medical Officer, and attends regular meetings when any problems are discussed. Co-operation is further effected by the Senior Assistant School Medical Officer, Dr. J. Starkie, making regular visits to the paediatric ward at the Oldham and District General Hospital when Dr. Hilson conducts a ward round.

Mr. J. Norman Appleton is employed as Consultant Aural Surgeon and undertakes the examination of deaf and partially deaf children. He also supervises the children in the Special School for Deaf and Partially Deaf Children.

Under the National Health Service any person requiring an individual hearing aid receives this free, and children in need of such an appliance are referred to the Hearing Aid Centre, Hardman Street, Manchester. Two children were provided with individual hearing aids during the year.

Dr. F. Janus is employed as Consultant Ophthalmic Surgeon and undertakes the examination of blind and partially sighted children and also supervises the children in the Special School for Partially Sighted Children.

The prescribing and dispensing of glasses has continued to remain with the Local Executive Council, the children being refracted and tested at the Scottfield Clinic.

ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for all pupils for whom the authority accept responsibility included the following:—

Minor Ailments—School Clinics

The two school clinics at Gower Street and Scottfield have been open daily during the school days, and on several days in the school holiday periods, for the treatment of minor ailments and the carrying out of special examinations. During the year 839 children made 4,777 attendances for treatment.

In addition to the treatment of minor ailments, special examinations of children referred by school nurses, teachers, parents, and attendance officers, are carried out by the medical officers at the school clinics.

The school nurses attend to cleansing the heads of children referred to the clinic for this purpose.

Particulars of the cases are given in Part III.

Scabies

The number of cases in school children totalled 53 compared with 36 in the previous year. Every effort is made to treat other members of the family who may be affected. Facilities for treatment are provided at the Gower Street Clinic and at the Health Yard, the facilities at the latter premises being used for the treatment of adult males.

The total numbers treated, which includes cases referred by general practitioners, are as follows:—

Pre-school children	27
School children	53
Adults:—	
Female	20
Male	11

Ringworm of the Scalp

No cases of this disease came to notice during the year.

General Hospital Treatment

Children requiring treatment are referred to the Oldham Royal Infirmary or the Oldham and District General Hospital. If requiring in-patient treatment they are usually admitted to the Children's Wards at these hospitals. The Senior Assistant School Medical Officer has continued to visit school children in the Oldham and District General Hospital.

Eye Diseases—Visual Defects

Ophthalmic Clinic

During the year, 1,857 examinations were undertaken by Dr. L. B. Hardman, and spectacles were prescribed or changed in 1,200 cases.

Children with extremely poor vision are referred to Dr. F. Janus, Consultant Ophthalmic Surgeon, in order to ascertain whether they would be suitable for admission to the Partially Sighted School.

Children with squint are now referred to the Orthoptic Clinic for investigation and treatment. Children who require other investigation or treatment are referred to the Ophthalmic Clinic at the Oldham Royal Infirmary.

Orthoptic Clinic

Miss E. Schofield was employed full-time in the clinic, working under the supervision of Dr. L. B. Hardman, Ophthalmic Surgeon and Dr. F. Janus, Consultant Ophthalmic Surgeon.

The following details relate to the Clinic.

There were 1,551 attendances made by school children and 51 pre-school children attended the clinic. There were 107 new cases referred and 28 of these were pre-school children.

In certain cases operative treatment is advised and the children concerned are referred to the Oldham Royal Infirmary and admitted without undue delay. During the year, 37 children received such treatment at Oldham Royal Infirmary.

On the 31st December, 4 children were awaiting admission to Oldham Royal Infirmary for operative treatment.

The following figures relate to the work of the clinic throughout the year:—

Cases on register, 1st January 922

Cases referred during the year:—

Oldham Royal Infirmary 28

Manchester Royal Eye Hospital —

Other Hospitals —

Scottfield Ophthalmic Clinic 47

Ophthalmic Medical Practitioners 4

— 79

Cases removed from register:—

Cured	18
School leavers	7
Left district	—
Cosmetically very good	34
Improved	7
	— 66

Cases on register 31st December — 935

Attendances during the year:—

Treatments	277
Occlusions	227
Tests	960
Observations	91
	—1,555

Ear, Nose and Throat Defects

Children found to be suffering from these defects are referred to the Scottfield Aural Clinic, and by arrangement with the Manchester Regional Hospital Board, Mr. J. N. Appleton, Consultant Aural Surgeon to the Oldham Hospital Group, holds a weekly session. Children attend by appointment and any treatment prescribed is usually carried out at the school clinics. In cases where in-patient treatment is necessary, copies of the case notes are forwarded to the hospital and the child's name is immediately placed on the waiting list for admission.

During the year, 42 sessions were held and 147 new cases were examined. The total number of attendances was 460.

Children found to require operative treatment are admitted as in-patients to the Oldham and District General Hospital or the Oldham Royal Infirmary.

At the beginning of the year, 43 children were awaiting operative treatment for tonsils and/or adenoids, and at the end of the year the number was 75.

The number of children receiving operative treatment during the year was 38 compared with 40 in the previous year.

Orthopædic Defects

The arrangements for school children to receive treatment at the Orthopædic Clinic, Gainsborough Avenue, have continued. Mr. J. N. Nish, the Orthopædic Surgeon, is the Consultant responsible for the clinic but a weekly session is held by Dr. M. F. Johnstone. The majority of cases require advice and exercises and only a few cases require surgical treatment.

During the year, 39 school children were referred to the clinic for the following defects:—

Defect	No. of Cases
Flat Feet	23
Inverted Feet	1
Knock Knees	13
Other Deformities of Toes	3
Postural Defects	1
Depressed Sternum	1
Other Defects	4

Hospital Schools

At the beginning of the year, 4 school children (3 girls and 1 boy) were in the following Hospital Schools:—

Wrightington Hospital School.
 Lake View Hospital School, Littleborough.
 Robert Jones and Agnes Hunt Orthopædic School.
 Warwickshire Orthopædic Hospital School.

During the year information was received that 6 school children (5 girls and 1 boy) were admitted to hospital schools for the following conditions:—

Social and emotional problems	1
Cleft Palate	2
Diabetes	1
Cardiac Disease	1
Psychological treatment	1

There were 7 school children (6 girls and 1 boy) discharged from these schools during the year.

At the end of the year 3 school children (2 girls and 1 boy) were in the following hospital schools:—

Warwickshire Orthopædic Hospital School	1
Booth Hall Hospital School	1
† Robert Jones and Agnes Hunt Orthopædic Hospital School	1
† This child attained school leaving age in July but was still in hospital at that date.	

Convalescence

Arrangements exist for selected school children to be sent for convalescence and the cost is met by the Education Committee. The usual period of convalescence is four weeks but this is extended in special cases.

During the year, 2 girls and 1 boy were sent to the following convalescent homes:—

Taxal Edge Home, Whalley Bridge	1
Margaret Beaven Home, Heswall	1
Leasowe Hospital	1

SCHOOL DENTAL SERVICE

The only permanent staff has been the Principal School Dental Officer and one Dental Officer, Mr. J. H. Woolley.

I am indebted to Mr. James Fenton, Principal School Dental Officer, for the following report:—

During the year under review, the staffing position of the school dental service has been a little better than the previous year. No whole time appointments were made and the additional help has been brought about by the employment of dental surgeons on a part-time basis. Unfortunately, these part-time appointments are of a temporary nature and usually of short duration. However, at the present time, the employment of part-time personnel is general throughout the country and the recruitment of whole-time Dental Officers is extremely difficult. Nevertheless, any additional help is welcome when attempting to cope with an overwhelming demand for dental treatment. The additional help this year has resulted in a substantial increase in the amount of conservation treatment (fillings) carried out. This type of treatment is a vital part of a dental service for young patients. The number of teeth extracted was approximately the same as the previous year.

It has been possible this year to hold two evening sessions per week. These sessions are extremely useful for the treatment of older children, particularly those sitting examinations who do not wish to miss lessons at school.

The excellent working conditions in the new dental clinic at Eagle Street emphasize the necessity for rehousing the other dental clinics in similar types of buildings. The replacement of the dental clinic at Gower Street is long overdue and it is hoped that it will be possible to carry out this project, which already has Committee approval, as speedily as possible. As stated in last year's report, it is essential that first-class working conditions should be provided when attempting to recruit staff from the very limited number of dental surgeons who are interested in this type of work. This should help to offset any advantages some other Authorities may offer from a residential standpoint.

Unfortunately, there does not appear to be any decrease in the incidence of dental decay. As stated in previous reports, in spite of all the improvements in the treatment and prevention of so many

children's diseases, dental decay still remains the scourge of modern civilisation. Until dental research is able to offer new effective methods of preventing dental decay then all the known facts of dental health education must be brought home to the public, i.e. correct dietetic habits, strict oral hygiene and the artificial fluoridation of drinking water.

The dental service for expectant and nursing mothers and pre-school children has been provided by the staff of the school dental service but owing to the staffing situation, it has not been possible to expand this service to any great extent.

Equipment

The policy of replacing old equipment at the school dental clinics has continued, and a number of items were purchased during the year.

Dental Inspection

Details of these inspections are to be found in the Ministry of Education Medical Inspection Returns (Part IV).

(a) **Periodic Inspections**—During the year, 6,842 children received a periodic dental inspection. Of the children inspected, 4,908 were found to have dental defects and 3,952 were referred for treatment. It is not possible to refer for treatment all children with dental defects of the temporary dentition and a policy has to be adopted whereby the elimination of sepsis and pain are the main consideration.

The dental inspections were carried out on school premises and use of a portable light has greatly helped, particularly during the winter months.

(b) **Special Inspections**—During the year, 3,558 children received special inspections at the dental clinics. These are usually children who have developed toothache or who attend the clinics for advice regarding dental care.

In order to reduce the number of these cases it is necessary to have a fully staffed service and to conduct routine inspections at schools at twelve-monthly intervals or less if possible. The longer the period between periodic inspections, the greater will be the number of "specials."

Dental Treatment

Details of the dental treatment carried out are to be found in the Ministry of Education Medical Inspection Returns (Part IV).

Of the 8,391 children referred for treatment following periodic and special inspections, 5,955 accepted and received treatment and the total number of attendances was 14,949.

7,243 fillings were inserted in permanent teeth and 727 fillings were put in temporary teeth.

The number of permanent teeth extracted was 3,401 as compared with 3,543 for the previous year. Many of these teeth were extracted for orthodontic reasons. It was necessary to extract 6,399 temporary teeth.

2,062 school children received a general anaesthetic for the extraction of teeth. In addition pre-school children and expectant and nursing mothers also received treatment at these sessions. The services of Dr. G. Mason-Walshaw, Consultant Anaesthetist are particularly valuable at these sessions when very young children or children with poor medical histories attend.

Orthodontic Treatment

During the year, 66 sessions have been devoted to orthodontic treatment, i.e. treatment for the correction of irregular teeth and mal-occluding jaws. This work remains very popular with children and parents alike and is a most important aspect of juvenile dentistry.

Unfortunately this work has to be kept to a minimum due to the adverse staffing conditions.

The following is a summary of the work undertaken during the year:—

New cases commencing treatment	45
Cases completing treatment	22
Attendances	955
“ Fixed ” appliances fitted	5
“ Removable ” appliances fitted	106
“ Mouth screen ” fitted	6

X-ray Examinations

Full use has been made of the X-ray unit installed at Eagle Street Clinic and 420 films were taken.

Dentures

92 partial dentures were constructed for children who had lost front teeth, usually as a result of accidents.

13 protective caps were fitted to broken front teeth in order to protect them until the children are old enough for some type of permanent restoration.

Hospital and Consultant Facilities

Children who require consultant advice and treatment are referred to Mr. W. C. Mellor, F.D.S., Consultant Dental Surgeon to the Oldham Hospital Group, and are seen at his clinic at the Oldham and District General Hospital. Under this arrangement, 10 children were referred. In addition, 13 children were referred to the Manchester Dental Hospital.

The Principal School Dental Officer is also on the staff of the Oldham and District General Hospital and in cases where treatment under hospital conditions would be more beneficial, these children are admitted under his care.

CHILD GUIDANCE

The Child Guidance Clinic is held at the Honeywell Lane Child Welfare Centre.

Dr. Arthur Pool, Consultant Psychiatrist, continued to assist by undertaking one regular session weekly, and until July, Mr. K. G. Hare, the Public Health Department Psychologist, devoted two sessions per week to the service. Miss Anne-Marie McNamara was appointed to the post of Educational Psychologist in July and undertook three sessions per week in the Child Guidance Service.

Social histories and home visits continued to be undertaken by the Mental Welfare Officers of the Public Health Department.

The following table shows the grouping of intelligence quotients of the 79 cases dealt with during 1961:—

I.Q.	Boys	Girls	Total
70 and under	3	1	4
71—85	9	9	18
86—95	7	6	13
96—114	21	4	25
115—129	5	8	13
130 and over	2	4	6
	—	—	—
	47	32	79
Awaiting test at 31st December, 1961	—	—	—
Closed before psychological test carried out	1	—	1
Not tested	—	1	1
	—	—	—
	48	33	81

CASES REFERRED	33
New cases	33
Old cases reopened	—
Source of reference:—	
Director of Education	10
School Medical Officer	3
General Practitioners	16
Probation Officer	1
Speech Therapist	1
Children's Officer	1
Consultant Paediatrician	1
	— 33
RECOMMENDATIONS	35
(including 2 cases from previous year)	
(a) treatment	5
(b) visiting by Mental Welfare Officer	5
(c) cases to be reviewed	5
(d) admission to Booth Hall	1
(e) admission to Special School	1
(f) cases closed after treatment	5
(g) cases closed after investigation and follow-up	11
(h) cases closed—not investigated (refused to attend interviews)	1
(i) awaiting examination at 31st December, 1961	1
	— 35
CASES TREATED AT CLINIC DURING THE YEAR	23
ENURESIS CASES TREATED WITH PAD AND BUZZER APPARATUS	1
DR. POOL—26 sessions.	
Diagnostic interviews	32
Psychiatric interviews	41
Group Therapy sessions	16
Home Visits	1
EDUCATIONAL PSYCHOLOGIST	
Psychological Tests:—	
Diagnostic	30
Re-tests	7
Play therapy sessions	64
Interviews	20
School Visits	1
Home Visits	1
Other Visits (speech therapist)	1
ASSISTANT MEDICAL OFFICERS OF HEALTH	
Medical examinations	23

MENTAL WELFARE OFFICERS

Social Histories	29
Home visits	228
School visits	2
Other visits	26
Play therapy sessions	30
Escort duties	155

INFECTIOUS DISEASES

The following table shows the number of cases and deaths occurring in children (resident in Oldham and attending schools and nursery classes under the control of the Education Committee and also Oldham children attending schools maintained by the adjacent authorities) from certain infectious diseases:—

DISEASE	1961		Nursery Schools and Classes	PRIMARY SCHOOLS		SECOND- ARY SCHOOLS	ADJACENT AUTHORITIES		
	Cases	Deaths		Infant Depts.	Junior Depts.		Infant Depts.	Junior Depts.	S'c'd'y Schools
Meningococcal Infections	2	—	—	2	—	—	—	—	—
Dysentery	44	—	3	21	14	4	—	2	—
Diphtheria	—	—	—	—	—	—	—	—	—
Measles	184	—	4	163	13	—	3	1	—
Scarlet Fever	86	—	3	64	10	5	4	—	—
Whooping Cough ...	16	—	—	9	5	2	—	—	—
Poliomyelitis	3	—	1	1	1	—	—	—	—
Tuberculosis—									
(a) Pulmonary	2	—	—	1	—	1	—	—	—
(b) Other forms	—	—	—	—	—	—	—	—	—

Diphtheria

No case occurred during the year.

The last case that was notified and confirmed in a school child was in 1950. This was a girl of 13 years who had mild faucial diphtheria. This child had been immunised in 1941, but had never received a reinforcement injection.

Smallpox

No case occurred during the year.

Meningococcal Infections

There were 2 cases of meningococcal meningitis notified and confirmed. The organism was isolated from the cerebro spinal fluid in each case. These were twin girls who attended the same school. Both made a complete recovery.

Measles

There were 184 cases compared with 836 cases in the previous year. Of these cases, 91 occurred during January and February and were the continuation of the epidemic of the previous year.

Scarlet Fever

There were 86 cases compared with 57 cases in the previous year.

Whooping Cough

There were 16 cases notified and confirmed. Of these 3 had received the full course of protective injections and were classified as follows:—

Severe	Moderate	Mild
—	1	2

Dysentery

There were 44 cases compared with 315 in the previous year. In all cases the Sonne organism was isolated.

Acute Poliomyelitis

There were 3 cases (2 paralytic, 1 non-paralytic) notified and confirmed during the year. The following details relate to these cases:—

Case No. 1 (A.J.)

This was a girl aged 4 years and 8 months attending Limeside Nursery School. She was admitted to the Paediatric Unit, Oldham and District General Hospital on the 29th July and transferred to Monsall Hospital on the 1st August. She developed some slight facial paralysis but made a full recovery. Poliovirus Type 1 was isolated from the faeces.

The parents of this child were offered vaccination but this was refused by the mother.

Case No. 2 (C.N.)

This was a girl aged 6 years and 9 months attending St Mary's Infants School. She was admitted to Westhulme Hospital on the 16th October as a case of non-paralytic poliomyelitis. No disability resulted. Poliovirus was not isolated from the faeces.

This child had received three injections of poliomyelitis vaccine, the third being in July, 1960.

Case No. 3 (M.H.)

This was a girl aged 8 years attending Greenacres Junior School. She was admitted to Westhulme Hospital on the 3rd November and as she developed symptoms of respiratory distress, was transferred to Monsall Hospital on the 4th November. Her condition improved considerably. On discharge she had some facial paralysis but otherwise made a full recovery. Poliovirus Type 1 was isolated from the faeces.

This child received two injections of poliomyelitis vaccine in January, 1958. For special reasons and owing to illness, the third injection had been postponed.

In addition to these 3 cases, the Head Master of St. Hugh's Junior School, who was aged 35 years, contracted poliomyelitis and died. He resided in the Grotton area of the Saddleworth District and was removed to hospital on the 28th August and died on the 30th August.

He had received one injection of poliomyelitis vaccine two weeks before the onset of his illness.

POLIOMYELITIS CONTROL

On the occurrence of a case of poliomyelitis in a school the following action was taken:—

A medical officer visited the school immediately and made full enquiries and excluded any home or house contacts of the case. The Head Teacher was asked to keep a special note of all absentees. The school and all home contacts were kept under close surveillance by a medical officer who visited daily for a period of three weeks from the date of the last attendance of the patient at school. The patients were visited at home by the Health Visitors and any with symptoms or signs of an illness were reported to a medical officer, who then made a home visit and also contacted the patient's own doctor.

The importance of vaccination against poliomyelitis was publicly stressed and parents strongly urged to have their children vaccinated. The Health Visitors made a house to house drive in the area served by the school and a special vaccination session was held in premises conveniently situated in the area. The vaccination state of **all** children on the school register was checked by the clerical staff, and the parents were advised if their children had not received a primary injection, or were due for third or fourth injections. A vaccination session was held on the school premises for these children.

In view of the possible risks following tonsil and adenoid operations, it was agreed with the Consultant Aural Surgeon, Mr. J. N. Appleton, that these operations on children should be suspended. They were suspended from the 4th August and owing to the number of cases which continued to occur in Oldham and District, were not resumed until the 19th December.

Pulmonary Tuberculosis

During the year 2 school children were notified and accepted as tuberculosis minus (sputum negative or absent).

No death occurred from pulmonary tuberculosis.

Case 1/61

A girl aged 5 years was referred to the Consultant Paediatrician because of loss of weight and energy. She was admitted to Oldham and District General Hospital in April, and was diagnosed tuberculous pleural effusion. In July, she was transferred to Wrightington Hospital and was discharged home in September. She returned to her previous school in October.

Case 2/61

A girl aged 14 years who attended the Chest Clinic as a home contact of a positive case, was diagnosed pulmonary tuberculosis and admitted to Strinesdale Hospital in April, 1961. She was discharged from hospital in November, but had not resumed attendance at school at the end of the year.

Non-Pulmonary Tuberculosis

No case of non-pulmonary tuberculosis occurred during the year.

Tuberculosis—Special Investigations

The combined use of Mantoux testing and Miniature X-ray examination provides a valuable approach in the tracing of contacts and the ascertaining of early or missed cases of pulmonary tuberculosis where a known source of infection exists.

Where a group of children or individuals have been in close contact with an open case (sputum positive) a certain procedure should be followed. If the case occurs in a school:—

- 1—All staff should be Mantoux tested and X-rayed.
- 2—All children should be Mantoux tested.
- 3—Children who show a positive reaction should be X-rayed.

During the year there were no special investigations undertaken.

TABLE OF CASES OF CERTAIN NOTIFIABLE DISEASES OCCURRING IN SCHOOL CHILDREN—1936-1961

Year	Meningo- coccal Infec- tions	Dysentery	Diphtheria		Measles	Scarlet Fever	Whooping Cough	Polio- myelitis	Tuberculosis			
			Cases	Deaths					Pulmonary	Other Forms	Deaths	
1936	4	-	215	17	1420	128	292	-	1	15	5	(-)
1937	1	-	218	14	472	158	261	-	4	17	3	(-)
1938	1	1	169	4	922	176	328	-	7	25	5	(2)
1939	-	-	32	2	60	235	50	-	2	17	6	(2)
1940	-	5	47	3	990	99	160	1	1	25	7	(-)
1941	6	-	27	1	224	122	87	-	4	9	-	(-)
1942	4	-	58	-	1075	249	54	1	1	17	-	(-)
1943	2	-	91	1	107	196	137	-	1	17	1	(-)
1944	1	-	48	3	470	342	40	-	-	12	2	(-)
1945	2	1	31	-	131	217	45	-	4	15	4	(2)
1946	-	4	30	2	686	88	71	1	2	5	-	(-)
1947	-	-	39	1	154	61	36	6	2	10	3	(-)
1948	1	47	10	1	517	125	82	-	8	14	2	(-)
1949	-	52	1	-	377	273	62	-	2	4	-	(-)
1950	-	94	1	-	420	165	117	3	1	7	1	(-)
1951	-	129	-	-	526	106	72	1	5	5	2	(1)
1952	1	155	-	-	819	179	45	3	7	5	1	(1)
1953	-	29	-	-	256	148	57	3	7	5	-	(-)
1954	-	174	-	-	427	106	81	-	4	7	-	(-)
1955	1	699	-	-	588	177	2	3	11	9	-	(-)
1956	1	78	-	-	60	106	7	6	5	4	-	(-)
1957	2	37	-	-	1320	48	41	1	3	1	-	(-)
1958	-	638	-	-	442	100	32	1	6	4	-	(-)
1959	1	62	-	-	429	111	36	-	4	2	-	(-)
1960	-	315	-	-	836	57	20	-	4	-	1	(-)
1961	2	44	-	-	184	86	16	3	2	-	-	(-)

Deaths—Tuberculosis. The figures shown in brackets relate to deaths from Pulmonary Tuberculosis.

School Exclusion

The following rules for the exclusion from school of cases and contacts of infectious diseases have been approved by the Ancillary Services Sub-Committee.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Scarlet Fever ...	7 days after discharge from hospital or home isolation but not less than 21 days from the onset of the disease subject to the patient being free from "cold in the head," discharge from nose or ear, sore throat or septic spots.	Children — no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
Diphtheria	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Measles	10 days from the appearance of the rash if child appears well.	Children attending nursery schools and classes should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes to be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
German Measles	7 days from the appearance of the rash.	No exclusion.
Whooping Cough ...	28 days from the beginning of the characteristic cough.	Children attending infant and nursery schools and nursery classes to be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded. Where there is proof of contacts having been immunised against whooping cough, exclusion is not necessary.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Mumps	7 days from the subsidence of all swelling.	No exclusion.
Chicken Pox ...	14 days from the date of appearance of the rash.	No exclusion.
Smallpox	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Poliomyelitis ...	6 weeks from onset of illness. Will usually require much longer period for recovery.	21 days.
Encephalitis	6 weeks.	21 days.
Meningococcal Infection ...	6 weeks.	21 days.
Typhoid Fever Dysentery Food Poisoning	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.

IMMUNISATION AND VACCINATION

Diphtheria Immunisation

The majority of children are immunised prior to school entry and it cannot be emphasised too strongly that children should receive this protection in infancy. To maintain immunity against diphtheria during the period of their school life, it is essential that children immunised in infancy should receive two reinforcing injections, the first during their sixth year (on entering school) and the second during their eleventh year.

At the school entrance medical examination the immunisation and vaccination state of each child is checked. The parents of these children receive a personal letter from the Medical Officer of Health stressing the dangers of diphtheria and the importance of immunisation. They are also informed of the necessity for a reinforcing injection at the age of five years. On receipt of the parents consent, the necessary arrangements are made. At the medical examination of children aged eleven years a similar procedure is followed and parents are reminded of the necessity for a second reinforcing injection.

The material used was Triple Antigen for the primary immunisation, so these children are protected against diphtheria, whooping cough and tetanus.

The material used for the first reinforcing injection was 1 c.c. of Triple Antigen or 1 c.c. Diphtheria Pertussis Prophylactic, according to the material used for the primary immunisation.

For the second reinforcing injection 1 c.c. of T.A.F. was given.

Unfortunately it was not possible to arrange regular sessions at schools for the reinforcing injections, so the majority of children receive their injection at the school clinics.

The following table gives the number of children aged 5-14 (inclusive) who received the primary course of immunisation after entering school:—

(a) Primary Immunisation—348

Year of Birth	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	Total
No. Imm.	108	67	41	35	18	20	29	21	6	3	348

(b) Reinforcing Injections (1st and 2nd)—911

Vaccination against Smallpox

During the year 111 children of school age received primary vaccination and 35 children were re-vaccinated.

These figures include 25 children (primary vaccination—23, re-vaccination—2) attending Fitton Hill Secondary Modern School, who had to be urgently vaccinated prior to leaving on a school trip to Blanes on the Costa Brava. Information was received on the evening of Wednesday, the 22nd March, that a case of smallpox had occurred in Madrid and the French Government were demanding that all persons entering France from Spain had to produce a valid International Certificate of Vaccination. Arrangements were immediately made for these children to be vaccinated and on the following morning, Thursday, the 23rd March, this was done by the Medical Officer of Health himself, in view of the number of primary vaccinations and the complications that might ensue. The parents of all the children agreed to vaccination and the three members of the school staff accompanying the children were also vaccinated. Strict instructions were issued to the staff concerning complications that might develop and thermometers and dressings were supplied for their use. The Medical Officer of Health arranged for urgent telephone

contact to be made with him should any emergency arise and during their stay he himself made contact with the leader of the party in case any advice or help was required. Some of the children while away, developed mild pyrexia and some local reaction, but no serious incapacity resulted. On their return home all children and staff were visited and the final vaccination readings were recorded.

Poliomyelitis Vaccination

Vaccination against poliomyelitis is available to all school children.

Vaccination consists of two injections of 1 c.c. poliomyelitis vaccine, with an interval of not less than three weeks between injections. A third injection is given not less than seven months after the second injection—usually after ten months.

In April, Ministry of Health Circular 15/61, was received. This recommended that a reinforcing fourth injection of 1 c.c. poliomyelitis vaccine should be given to children when they enter school, (normally at the age of five): and also to children of five and over already at school who have not reached the age of twelve. In all cases the reinforcing fourth injection should be given not earlier than one year after the third, but as soon thereafter as possible.

The following table gives the number of children age 5-14 years (inclusive) who received:—

- (a) Primary vaccination—(2 injections)
- (b) A third injection
- (c) A fourth injection.

(a) Primary Vaccination (2 injections)—1737

Year of Birth	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	Total
No. Vacc.	291	220	212	175	187	120	156	126	118	132	1737

(b) Third Injections—838

Year of Birth	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	Total
No. Vacc.	175	114	107	90	70	57	65	59	50	51	838

(c) Fourth Injections—3940

Year of Birth	1957	1956	1955	1954	1953	1952	1951	1950	1949	Total
No. Vacc.	67	131	137	177	200	723	924	986	595	3940

B.C.G. Vaccination

Under the Health Committee's proposals for the Prevention of Illness, Care and After-Care, the following arrangements are in operation:—

Vaccination of Contacts.—In accordance with Ministry of Health Circular 72/49, arrangements are made for selected contacts of known tuberculosis cases to receive this form of vaccination. The arrangements are under the control and supervision of Dr. H. S. Bagshaw, Chest Physician. During the year, 49 school children (23 males, 26 females) who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive.

Vaccination of School Children — In accordance with Ministry of Health Circular 22/53, the vaccination of older school children has been continued. All children in their second year at a Secondary Modern School (i.e., 12/13 year old group) were offered B.C.G. vaccination. The arrangements are under the control of the Medical Officer of Health, and medical officers on his staff, who have received special instruction in B.C.G. vaccination undertake these duties.

In the case of children who are strong positive reactors, parents are advised that an X-ray of the chest is necessary. This examination is carried out at the Chest Clinic, Oldham and District General Hospital, and the films are reported upon by Dr. H. S. Bagshaw, the Chest Physician, who also undertakes any necessary supervision. No active case of pulmonary tuberculosis was discovered among those examined.

The following figures relate to the work undertaken during the year:—

Number of children offered B.C.G.	1,675
Number of acceptances	1,149
Percentage accepting	69
Number excluded on medical grounds	28
Number completing skin testing	1,146
Number positive	143
Number negative	977
Number receiving vaccination	959
Number of children requiring X-ray	42
Number of children X-rayed	38

DEATHS IN SCHOOL CHILDREN

During the year, 4 deaths occurred in Oldham children attending schools maintained by the Education Authority. The following are brief details of these cases :—

Case 1—A boy aged 13 years. Death was due to :—

“Asphyxia due to carbon monoxide poisoning due to inhaling domestic gas, self-administered whilst balance of mind disturbed.”

Post mortem and inquest.

This boy was referred to the Child Guidance Clinic and made one attendance.

Case 2—A girl aged 14 years. Death was due to :—

I(a) Osteogenic sarcoma.

This girl was diagnosed as having a sarcoma of the femur. She died in hospital with secondaries in the lung.

Case 3—A boy aged 11 years. Death was due to :—

I(a) Hodgkins Disease.

This boy had been diagnosed as suffering from Hodgkins Disease, and had been under treatment for some years. He received skilled medical care and every possible form of treatment.

Case 4—A boy aged 7 years. Death was due to :—

“Laceration of brain following fracture of skull.”

Knocked down by motor lorry in public highway.

Post mortem and inquest.

In addition the following deaths occurred :—

A boy aged 6 years. Death was due to :—

I(a) Myocardial failure due to congenital heart disease.

Post mortem without inquest.

This boy was attending the Junior Training Centre. He was known to have congenital heart disease, and had received skilled medical care. He died suddenly while attending the Centre.

A boy aged 12 years. Death was due to :—

I(a) Carcinomatosis.

(b) Neuroblastoma.

This boy attended a Preparatory school outside the Borough. He received skilled medical care and full hospital investigation.

NURSERY SCHOOLS AND CLASSES

The three nursery schools—Limeside, Derker and Roundthorn—provided 40 places each for children aged 2-5 years. The three nursery classes—St. Anne's, Richmond and Watersheddings—provided 30 places each for children aged 3-5 years.

The facilities of the School Health Service are available to the children attending these schools and classes. During the year the medical officers made 28 routine visits.

HANDICAPPED PUPILS

The early ascertainment of the handicapped pupil is one of the most important functions of the School Health Service, and the provision of special education for these children is the duty of the Education Authority. Efficient and comprehensive provision continues to be made for these children and the facilities available are fully described in subsequent pages of the report.

Some pupils can be ascertained in early infancy, this especially applies when the cause of the defect is congenital or present at birth. The Health Visitors are fully alive to the importance of such children being ascertained at the earliest age and if, in their opinion, any child comes into this category, they submit a special report so that the most appropriate action can be taken.

A number of these pupils are found at the first periodic medical inspection, others are referred by Head Teachers for medical opinion shortly after school entrance. The more efficient early ascertainment is the fewer will be the cases found at subsequent periodic inspections. A number of pupils are brought to notice after illness or prolonged hospital treatment.

In all cases of handicap it is necessary that experienced officers, and in certain cases a Consultant should examine the child before a final decision is made. This procedure is strictly followed and each case is most carefully reviewed before a decision is finally made.

Pupils Suspected of Deafness

Children suspected of deafness are brought to the notice of the Medical Officers through the usual channels, but before such cases are accepted as handicapped pupils they are referred to Professor A. W. G. Ewing at the Department of Education of the Deaf, Manchester University. His help and advice are greatly appreciated. The Health Visitors and Medical Officers at the Welfare Centres are instructed to refer children suspected of deafness so that such children can be fully investigated at the earliest opportunity. During the year, 2 children were seen and the following recommendations received:—

- | | |
|--|---|
| (a) For admission to Beever Special School | 1 |
| (b) For further investigation | 1 |

Children Unsuitable for Education at School

These children should be ascertained at an early age. Many of them have such a degree of mental defect that school attendance is never considered. A few may be admitted to an infant department but such children should be soon discovered and referred for examination. In any case of difficulty or doubt the opinion of the Consultant in Mental Deficiency is obtained.

During the year, 2 children were reported to the Local Health Authority as being unsuitable for education at school.

(a) Blind Pupils:—

“Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.”

Pupils found to be blind are admitted to special residential schools. A boy aged 13 years was resident at Henshaw's School for the Blind, Manchester, throughout the year.

No pupils were ascertained during the year and none admitted to or discharged from special residential schools.

(b) Partially Sighted Pupils:—

“Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.”

These pupils are admitted to the Waterhead Partially Sighted School.

	Boys	Girls	Total
Number on register, 1st January	7	7	14
(5—outside the Borough)			
Number admitted during the year	1	2	3
(2—outside the Borough)			
Number discharged	—	1	1
At age of 15			
Number on register, 31st December...	8	8	16
(7—outside the Borough)			

There were 3 children admitted during the year with the following conditions:—

Retrolental Fibroplasia

Ocular Degeneration (Hereditary Type) Optic Atrophy

Optic Atrophy

A girl aged 5 years and a boy of 8 years, were admitted to the school at the request of the Lancashire County Authority.

The girl who left school on attaining the age of 15 years was found employment at a Fent Merchants, where she is grading material.

A girl aged 12 years was discharged for family reasons from Exhall Grange Special Residential Grammar School and a place was found for her at one of the Oldham Grammar Schools.

(c) Deaf Pupils:—

“Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”

These pupils are usually admitted to the Beever Special School.

	Boys	Girls	Total
Number on register, 1st January	10	5	15
(8—outside the Borough)			
Number admitted during the year ...	1	—	1
Number discharged during the year ...	2	1	3
(1—outside the Borough)			
Number on register, 31st December ...	9	4	13
(7—outside the Borough)			

A boy aged 4 years was admitted to the Beever Special School during the year. This boy had been under observation for some time and had also been seen at the Department of Education of the Deaf, Manchester University.

Two boys left the School on attaining the age of 16 years, and they were both found employment. One was placed in the confectionery trade and the other, who was resident outside the Borough, was found employment as an apprentice joiner.

A girl aged 7 years left the school on transfer to the Deaf Unit in Manchester, owing to the parents of this child having removed to the Manchester area.

Residential Special Schools

At the beginning of the year, 4 children (2 girls and 2 boys) were being maintained by the Authority, in the following Schools:—

St. John's Residential School, Boston Spa	1
Royal Cross School for the Deaf:	
Senior Department, Preston	2
Royal Residential Schools for the Deaf,	
Manchester	1

No children were admitted to residential special schools during the year and none left.

(d) Partially Deaf Pupils:—

“Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”

These pupils are admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January (2—outside the Borough)	4	4	8
Number admitted during the year ... (2—outside the Borough)	4	3	7
Number discharged during the year ... (1—outside the Borough)	—	3	3
Number on register, 31st December ... (3—outside the Borough)	8	4	12

A boy aged 14 years and a girl of 9 years of age were admitted to the School at the request of the Lancashire County Council. Four children (2 boys aged 7 years and 2 girls aged 8 years and 10 years) residing within the Borough were admitted to the School.

The other admission was a boy aged 8 who is in the care of the Oldham Children's Officer.

One girl was discharged on attaining the age of 16 years and was found employment as a machinist.

A girl aged 12 years, whose residence was in the Lancashire County area left during the year, having passed for entrance to the Mary Hare Grammar School, Newbury, Berks.

The other discharge was a girl aged 10 years whose parents left the district to reside in Exeter.

A boy of 14 years, who was admitted to the Mary Hare Grammar School in September, 1959, continued to attend the School throughout the year.

A lip-reading class is held at the Beaver Special School. The children attending the class continue to attend their ordinary school but visit the Beaver Special School twice a week for lip-reading instruction. There were no children awaiting admission at the end of the year.

Mr. J. N. Appleton, Consultant Aural Surgeon, makes regular visits to the Beaver Special School. These visits afford an opportunity for problems concerning individual children to be discussed

between the teachers, the Consultant Aural Surgeon and the medical staff of the School Health Service. Mr. Appleton also sees all the children periodically and any special treatment that may be required is arranged through the Scottfield Aural Clinic or the Oldham and District General Hospital.

(e) Educationally Sub-normal Pupils:—

“Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”

Many of these children make satisfactory progress when placed in the special class at Beever County Junior School. This class provides places for 20 children.

During the year, Dr. H. C. Jennings and Dr. J. E. Lunn attended a course of instruction on the ascertainment of educationally sub-normal children.

During the year 61 examinations in respect of 58 children were carried out. These examinations are usually held at the Health Office, but some are undertaken in the schools and in special cases, home visits are made.

The following is a summary of the recommendations made:—

(a) Unsuitable for education at school	2
(b) Chaucer Special School leavers—	
(i) Requiring supervision	8
(ii) No further supervision required	1
(iii) County cases—Information passed to appropriate authority	6
(c) Recommended for admission to Chaucer Special School	11
(d) Recommended for admission to Special Class	7
(e) For further supervision	22
(f) No further supervision required	4

Residential Special Schools

At the beginning of the year a boy aged 11 years was resident at Pontville Special School, Ormskirk, and he was still there at the end of the year.

There were no admissions to, or discharges from, residential special schools during the year.

Chaucer Special School

Educationally sub-normal children who require more specialised education than can be provided in a special class are admitted to the Chaucer Special School.

	Boys	Girls	Total
Number on register, 1st January (21—outside the Borough)	60	39	99
Number admitted during the year (1—outside the Borough)	13	6	19
Number discharged during the year ... (7—outside the Borough)	9	11	20
Number on register, 31st December ... (15—outside the Borough)	64	34	98
Children discharged during the year at age 16 (6—outside the Borough)	7	8	15
Left the district (1—outside the Borough)	2	2	4
Unsuitable for education at School, trans- ferred to Junior Training Centre	—	1	1

There were 15 children who left school on reaching the age of 16 years (Oldham 9, Lancashire County 4, West Riding County 2).

Of the 9 Oldham children who left, 8 were considered to require care and guidance after leaving school, and information in respect of these children was passed to the Local Health Authority. 6 of these children were placed in suitable employment. The other 2 children, a girl and a boy, were placed in the Industrial Centres.

In the case of the other leaver, a boy, supervision was not recommended and he was found suitable employment.

Of the 4 Lancashire County children who left, 3 were considered to require care and guidance after leaving school, and the necessary information was passed to the Local Health Authority. One of these, a girl, was placed in suitable employment, and the other 2 (1 male, 1 female) were placed in Industrial Centres. In the other case, a girl, supervision was not considered necessary and she was found suitable employment.

Both West Riding cases were notified to the Local Health Authority as in need of care and guidance after leaving school, and one, a girl, was placed in suitable employment. The other leaver had not been found employment by the end of the year, but he was attending the Youth Employment Office weekly.

(f) Epileptic Pupils:—

“Pupils who by reasons of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”

A boy aged 14 years remained in residence throughout the year at Colthurst House School, Alderley Edge, Cheshire.

No cases were ascertained during the year as requiring admission to special residential schools.

(g) Maladjusted Pupils:—

“Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.”

Children are referred to the Child Guidance Clinic for advice and treatment.

A boy aged 15 years, who was admitted to Chaigeley School, Thelwell, Warrington, in September, 1957, was still resident there at the end of the year.

A boy of 13 years, who was admitted to Chaigeley School in April, 1960, remained resident at the school throughout the year.

A boy of 11 years of age, who had been ascertained during 1960, as requiring a place in a special school for maladjusted children, was admitted to Chaigeley School in September.

No cases were ascertained during the year as requiring admission to special residential schools.

(h) Physically Handicapped Pupils:—

“Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.”

Children whose physical disability renders it inadvisable that they should be exposed to the conditions of ordinary school life are admitted to the Scottfield Physically Handicapped School.

There were 6 children admitted during the year with the following defects:—

Rheumatoid arthritis	1
Cerebral palsy and slight epilepsy	1
Post poliomyelitis	1
Spina bifida	1
Muscular dystrophy	1
Perthes disease	1

	Boys	Girls	Total
Number on register, 1st January	11	13	24
(5—outside the Borough)			
Number admitted during the year	3	3	6
(2—outside the Borough)			
Number discharged during the year ...	2	4	6
(2—outside the Borough)			
Number on register 31st December ...	12	12	24
Children discharged:—			
At age 15 (school leaver)	—	1	1
At age 16 (school leaver)	1	1	2
Fit to attend ordinary school	—	2	2
Admitted to Residential School	1	—	1

One girl was given special permission to leave at the age of 15 years as she had obtained employment as a machinist.

The boy who left school at 16 years of age was placed in suitable employment. The other school leaver, a girl, resident in the Lancashire County area, was not placed in employment.

Residential Special Schools

Three children continued to attend special schools throughout the year :—

- (a) A girl aged 9 years suffering from multiple congenital deformities of the legs was admitted to Bethesda Special School in 1959—(V.L.)
- (b) A boy of 11 years with Cerebral Palsy (spastic quadriplegia) was admitted to Bethesda Special School in 1960—(L.P.)
- (c) A girl aged 9 years with Cerebral Palsy (spastic quadriplegia) was admitted to Talbot House School, Glossop, in 1960—(G.B.)

Two children were admitted to Bethesda Special School, Cheadle, Cheshire, during the year.

Case 1 (D.W.)

A boy aged 5 years suffering from Spina Bifida with paraplegia was admitted to the school in September.

Case 2 (M.W.)

A boy of 8 years suffering from Cerebral Palsy (Right Hemiplegia) was admitted to the school in September.

A girl with Cerebral Palsy (spastic quadriplegia), who was admitted to Holly Bank Special School, Huddersfield, in 1954, left the school during the year on attaining the age of 16 years. She was a severely handicapped child who, at the time of leaving school, was considered unsuitable for employment.

Home Tuition

A girl, aged 8 years, suffering from cerebral palsy, was receiving home tuition at the beginning of the year, but this was discontinued during the year.

No new cases commenced tuition during the year.

(i) Pupils Suffering from Speech Defect:—

“Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.”

Speech therapy is available on a sessional basis at the Gainsborough Avenue Centre under the direction of Mrs. Audrey M. Carter. For most of the year, Mrs. Carter was employed in a full-time capacity but in November, owing to domestic circumstances, she found it necessary to reduce her number of sessions per week to six. I have again to report that it has not been possible to fill the post of additional therapist.

Group therapy for stammerers and individual treatment for speech defectives has been available at the Gainsborough Avenue Centre. Sessions have also been held regularly at three schools. Children continue to attend their ordinary schools whilst receiving speech therapy at the Centre.

Group therapy for stammerers is held on two afternoons per week. Six periods are held and each group consists of not more than six children. Individual treatment for speech defectives is available by appointment.

Pre-school children found to have speech defects are also referred to Mrs. Carter, who arranges for an appointment to be made with the parent. It is not practical to treat children so young unless the case is exceptional but the parents are seen and advice is given.

I am indebted to Mrs. Audrey M. Carter for the following report:—

The work of the department has continued during the year at the Gainsborough Avenue Centre. Sessions have also been held regularly at Limeside School, Parish Church School and Clarksfield School, to accommodate the large numbers in these schools and schools nearby, with more economy of time.

During the year, 4 children from Chaucer Special School have been treated, in each case with excellent co-operation from parents and children, and all have shown some improvement.

For the first time, two spastic children have been included for treatment. Obviously, these cases take a longer time to bring about an improvement and show results. In one case the result was only fair, in the other case very good indeed.

I wish to express my appreciation to head teachers and welfare departments who have given me the utmost support and co-operation.

The following figures relate to the work of the clinic:—

Number on register at 1st January:—

Stammerers	25
Speech defectives	46
	—
	71
	—

Number admitted for treatment during the year

Stammerers	12
Speech defectives	52
Spastics	2
	—
	66
	—

Number discharged during the year

Stammerers	13
Speech defectives	65
	—
	78
	—

Number on register at 31st December

Stammerers	24
Speech defectives	33
Spastics	2
	—
	59
	—

The 78 children mentioned above were discharged for the following reasons:—

Stammerers discharged with satisfactory speech	11
Stammerers withdrawn by parents	2
Speech defectives discharged with satisfactory speech	62
Speech defective—left school	1
Cleft palate patient discharged with satisfactory speech	1
Left the district	1
	—
	78
	—

Number on waiting list at the 31st December

Stammerers	16
Speech defectives	157
	173

Number of parents interviewed	130
Number of appointments not kept and no excuse given	28

Total number of appointments ... 158

Schools visited regarding special cases	22
Home visits	Nil

(j) Delicate Pupils:—

“Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.”

The Strinesdale Open Air School provides accommodation for 30 resident and 90 non-resident delicate pupils.

Admissions during the year were as follows:—

	Boys	Girls	Total
Arrested tuberculosis	—	1	1
Sub-normal nutrition and debility ...	8	13	21
Bronchitis and asthma	8	15	23
Totals	16	29	45

The following report is of special interest :—

PARTIALLY DEAF CHILDREN IN ORDINARY SCHOOLS

A considerable number of children are found, either as a result of routine audiometry or by other means, who have an impairment of hearing. These children are referred for consultant advice and many are helped by appropriate medical or surgical treatment. In a number of cases it is not possible to restore normal hearing and frequently, in these cases, some additional help is required.

The more severely deaf are admitted to special schools but children with slighter degrees of deafness remain in their ordinary schools; being given a favourable position in class and, in some cases, supplied with hearing aids.

The children in ordinary schools have been kept under supervision by the School Medical Staff and it was felt, in many cases, that they were not receiving the maximum benefit from their education. A low position in class, a hearing aid requiring new battery or repair and a new teacher unaware of the child's disability were frequent findings.

It was arranged therefore with the co-operation of Miss Beadsworth, Head Teacher of the Oldham School for the Deaf and Partially Deaf, that some regular supervision and guidance be given to these children by the staff of that school. As a preliminary, a survey was undertaken to discover in more detail the difficulties encountered by these children and to assess their individual needs.

This survey was undertaken jointly by Mr. A. Sherliker, teacher at the Beever Special School for the Deaf and Partially Deaf and Dr. J. Starkie, Senior Medical Officer. This investigation which can only be described as a pilot survey at present is described below :—

1. Selection of Cases

There was no particular selection, the cases being drawn from the School Health Department records of children known to have some hearing loss. The first seventeen children seen, including a partially deaf physically handicapped child, for whom no suitable school placing had been found at the time of investigation, form the basis of this report. It may well be that the unsatisfactory circumstances found have been influenced by a tendency to deal with known problems first, leaving more satisfactory cases to be dealt with later but there was in fact no conscious bias in selection.

2. Medical and Surgical Aspects

All the children have had consultant aural advice and treatment where indicated. Some of the children have also been seen at the Department of Audiology and Education of the Deaf—Manchester University.

Diagnosis of the actual cause of partial deafness is not always certain nor in cases of slight hearing loss is it possible in many cases to give the age of onset but the cases were classified as follows :—

Cause of Partial Deafness	No. of Children
Congenital	3
Meningitis	2
Acute Virus Infection (Measles)	1
Rhesus Incompatibility & Kernicterus	1
Catarrhal & Middle Ear Disease	8
Unknown	2

An attempt to relate cause of deafness to school performance was inconclusive. An impression, not supported statistically, that children with perceptive deafness fared worse than those with a conductive type of hearing loss could perhaps be explained by the usually earlier age of onset of the former type of case.

3. Age and School

Ages of school children ranged fairly evenly from 6-14 years. Excepting two children at the open air school they attended primary and secondary modern schools.

4. Education and Speech

Educational attainment was assessed by the child's teacher (by means of a questionnaire) and by a standard word recognition reading test (Schonnell's). Eleven of the sixteen school children were considered to be significantly retarded.

Speech of the seventeen children was assessed as follows:—

Grade A—No noticeable differences in speech and articulation from that of other children	3
Grade B—Children with slight impairment of consonents	9
Grade C—Marked speech defects	5

5. Hearing Aids

Of 17 children 12 had been supplied with 'Medresco' aids prior to this investigation:—

Modern transistor type aids	7
Older type (Type 35) prior to 1960	5

(All these were changed to transistor type during the year)

After discussion with parent, teacher and child the following information was obtained regarding use of the aid:—

	No. of Children using aid	
	A. At School	B. At Home
Regularly	3	2
Some times	4	2
Rarely or never	5	8

Reasons for failure to make use of the aid included the following:—

A. At school

1. Aid not in working order.
2. Children preferred to manage without.
3. The high noise level of the school and poor acoustic conditions of classrooms.

B. At Home

1. The child's dislike of being seen with the aid.
2. Parental anxiety regarding damage to the aid during play.
3. Aid kept at school.

6. Intelligence Level

Excluding the pre-school child, 14 of the 16 school children were given intelligence tests. Of the remaining 2, one left school before this could be given and the other is awaiting test at the time of report.

To minimise errors due to hearing loss it was originally intended to use only non-verbal scales and the following were used:—

1. The Performance Scale of the Wechsler Intelligence Scale for children.
2. Raven's Progressive Matrices (1947) Sets A, Ab and B. In nine cases, however, the Verbal Scale of the W.I.S.C. was also given.

Summarised results :—

1. Progressive matrices.

Grade	I	II	III	IV	V
No. of Cases	0	2	5	7	0

2. Performance Scale of W.I.S.C.

I.Q. Range	120+	115-120	110-115	105-110	100-105	95-100	90-95	85-90	80-85	75-80	70-75	Less than 70
No. of Cases	0	0	0	1	2	2	1	2	2	1	2	1

These results suggest that the children seen were, as a group, of only average or below average intelligence. This must be a factor and possibly in some cases the major factor in their school difficulties.

7. Sound level in classrooms

The children in the survey were observed during part of a normal lesson in his or her own school. During this observation in most cases where a hearing aid was in use a sound level meter was placed on the child's desk and readings observed over a period of ten minutes.

It has been recommended that the noise level in classrooms where hearing aids are used should not be above about 45 Db. In fact, the usual range found was from 55 to 75 Db. Both old and new schools were involved in varying sites in the town and the observations are few and lack controls. It is not possible therefore to draw any conclusions under this heading but noise levels of this order must add considerably to the difficulties of a child with impaired hearing.

8. Audiometry

Pure tone and speech audiometry was carried out as part of the assessment of each case. This was done in a partially sound treated room with an audiometer calibrated to the British Standard. The results cannot be shown in a brief summary and space does not permit their publication in full.

9. Action taken

It was considered advisable to admit three of the children to our day special school as partially deaf children. In two of these cases the admission is likely to be for a limited period only.

A fourth child temporarily resident in the town whose hearing loss involved mainly the higher frequencies who was also very backward scholastically and of a low intelligence level was admitted to the same school for two terms until she left the area. It may well be that after training she will be more suitably educated as E.S.N.

The pre-school child was placed in a residential establishment appropriate to his multiple handicaps.

The remaining twelve were all considered to a greater or lesser degree to be in need of some training and supervision. This work is now being carried out by the staff of the above school. It is too early to discuss results.

JOHN STARKIE, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer.

ALAN SHERLIKER, Cert. T. of Deaf (Manchester)

Deputy Headteacher, Beever Special School
for the Deaf and Partially Deaf.

HOSPITAL TEACHING

The Oldham Royal Infirmary and the Oldham and District General Hospital each have a full-time teacher appointed for the children admitted for in-patient treatment.

CASTLESHAW CAMP SCHOOL

This camp school is situated at Delph and parties of children who are in their last year at school are taken to the camp for a week during the period April to October. A warden and his wife are in residence throughout the year and they are responsible for the maintenance of the building and its contents.

Each party consists of 28 children (14 boys and 14 girls) with two teachers (one of each sex) or 28 children of one sex. In the main, single sex parties used the camp during the summer, only four schools sent mixed parties.

The parties assemble at their ordinary schools at 9-0 a.m. on a Monday, and return the following Friday afternoon, leaving the school at about 1-30 p.m. In some cases the duration of the stay is extended to include the week-end. A total of 343 children visited for a stay of one week, and five schools, involving 139 children, stayed for the week-end. The children were conveyed to and from the camp by special 'bus. All children are medically examined before proceeding to the camp school.

The curriculum allows the children who are attending the camp school to take full advantage of the surrounding countryside, and they are taken on visits to places of local interest. In the evenings special recreational activities are arranged by the teachers in charge of the parties.

The cost to the parents is 17/6d. per week per child, but no child is debarred from attending because of the parents' inability to meet this charge. An extra charge is made to parties staying over the week-end.

The camp is also utilised throughout the year by various youth organisations who arrange for parties to attend at week-ends.

ATTENDANCE CENTRE—MEDICAL EXAMINATIONS

The Chief Constable, at the request of the Home Secretary, has undertaken responsibility for an attendance centre as provided in the Criminal Justice Act, 1948. The centre is held on Saturday afternoons at the Waterloo Secondary Modern School and the children and young persons are sent from the Juvenile Courts in the area.

The instruction includes physical training and drill and all the boys are medically examined.

During the year, 21 Oldham boys and 4 boys from adjacent areas were examined by the Assistant Medical Officers, and all were passed as fit to attend the centre.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING

Teachers entering the service of the Council from other authorities and new entrants to the teaching profession who have not been medically examined on completion of their course of training

are examined as to their fitness for employment. These examinations are undertaken by the medical officers of the Department and during the year 89 teachers were examined.

The examination of candidates applying for admission to training colleges is the responsibility of the Principal School Medical Officer and he is assisted by the medical officers of the Department in these examinations.

Candidates Applying for Admission to Colleges

During the year, 67 candidates (21 males, 46 females) were examined and a medical report completed and forwarded with form 4 RTC to the appropriate college authority.

In all cases it was possible to pass the candidates as fit for admission to a course of training.

All the candidates agreed to an X-ray examination.

Entrants to the Teaching Profession

Entrants to the teaching profession completing an approved course of training continue to be examined by the college medical officer but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing authority. These examinations require the completion and forwarding of Form 28RQ together with a medical report to the Ministry of Education and an X-ray examination is compulsory.

During the year, 50 medical reports (22 males, 28 females) were completed.

Ministry of Education Circular 248/52

- (i) All teachers are X-rayed on appointment but this is waived in the case of new entrants who have recently undergone an X-ray examination on completion of their course of training and received a satisfactory report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at regular intervals are referred to the Medical Director of the Unit for X-ray examination.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

A joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health, and the Population Investigation Committee, has been following the health, growth and development of a number of children, drawn from all social classes in all parts of Great Britain and who were born during the first week of March, 1946.

This Authority has co-operated with this joint Committee and a group of Oldham children are involved in the investigation. These children became eligible to leave school during the year, and the final home visits were made by the Health Visitors, during the early part of the year. The main aim of this last visit was to ascertain the type of employment the parents wished their child to enter and the reason why they made the particular choice.

The Assistant Medical Officers have completed any medical examinations which have been required at various intervals of time during the fifteen years of the survey.

There were 14 of these survey children still resident in Oldham when the survey was completed.

EXAMINATION OF SCHOOL MEALS STAFF

The scheme for the examination and chest X-ray on appointment of all new entrants to the School Meals Service was continued.

During the year, 143 new entrants were examined, and 4 of these were classified as unsuitable for employment. One was a contact of a positive case of tuberculosis. Two were found to be suffering from chronic ear infections, and the other one was found to be unfit following the chest X-ray examination.

PROVISION OF MEALS

I am indebted to Mrs. F. Thompson, School Meals Organiser, for the following report:—

In April of this year Hathershaw County Primary School kitchen and dining room was opened.

Both the kitchen and dining room are of modern design with up-to-date stainless steel cooking and wash-up equipment. The working surfaces in the kitchen are covered with formica and the dining furniture consists of formica topped tables and tubular framed chairs.

The Authority's 1960-61 programme for alterations and hygienic improvements to existing kitchens and sculleries included the installation of several stainless steel wash-up units. At St. Mary's R.C. dining room, Waterloo Secondary Modern and St. Thomas's Voluntary Schools scullery floors have been resurfaced with gaily coloured lino tiles. Canopies for extracting steam from sterilizing sinks have been fitted in Beaver Street, Richmond Street, Henshaw's C. of E., Waterloo, and Roundthorn schools sculleries.

The programme for the interior decoration of kitchens and sculleries has been carried out by the authority.

During the holiday periods short practical courses have been held for supervisors and cooks.

The authority now has one central kitchen and 22 self-contained canteens providing meals for school children. Meals are also cooked and served on the premises for three nursery schools and three nursery classes.

The average number of children having school meals per day at the end of the year was.—

On payment	7,924
Free	581
	8,505

Milk in Schools

The provision of free milk to all children in schools maintained by the Authority and to non-maintained schools has been continued.

The average number of individual children provided with milk was 14,716 and during the year 2,884,315 one third pints of milk were consumed.

PHYSICAL EDUCATION

I am indebted to Mrs. M. Henshall, the Woman Organiser of Physical Education and Mr. A. Etchells, the Man Organiser of Physical Education for the following report:—

1. Staff

The staff consisted of the Man and Woman Organisers (Mr. A. Etchells and Mrs. M. Henshall). Mrs. Henshall resigned—17th September, 1961, to commence duties at Manchester Day Training College—two full-time and two part-time pianists; four full-time and one part-time swimming instructors.

2. Conditions in Schools

Facilities for indoor physical activities in both secondary and primary schools was adequate with improvements and sealing of wooden floors which greatly improved the surface for both cleanliness and safety. The supply of plimsolls, small apparatus and games materials was maintained and schools were well stocked. Staffing still remained a problem and was worse this year, a number of secondary schools having no specialist teacher to take physical education.

3. Courses

Many teachers attended courses during the year in different branches of physical education. These courses included one for both men and women teachers and gave further study of Modern Educational Dance. A group of women teachers attended a course for dance and netball outside the Borough. Games courses for men teachers were held in basketball, association football and cricket. Several lecture demonstrations were held on Secondary Boys' Gymnastics.

4. Games and Athletics

The Parks Department made their grounds and tennis courts available at certain times to the schools which helped the shortage of playing areas. The new school playing fields were carefully watched to ensure no deterioration in the condition of the fields. Inadequate playing space and waterlogged fields still hampered the school games and improvements here should be regarded as first priority.

5. Swimming Instruction

The schools swimming programme continued to flourish. Another after school class was arranged where children could attend who wished to take the Intermediate Certificate and the Bronze Medallion of the R.L.S.S.

The response was so good that it is hoped the Education Committee will agree to continue this class at least twice a year.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1961

Part I—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A—Periodic Medical Inspections

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	1,128	1,128	100	—	—
1956	482	481	99.79	1	0.21
1955	48	48	100	—	—
1954	18	17	94.44	1	5.56
1953	1	1	100	—	—
1952	1	1	100	—	—
1951	—	—	—	—	—
1950	792	792	100	—	—
1949	369	369	100	—	—
1948	—	—	—	—	—
1947	10	10	100	—	—
1946 and earlier	1,429	1,429	100	—	—
Total	4,278	4,276	99.95	2	0.05

Table B—Pupils Found to Require Treatment at Periodic Medical Inspections

(excluding Dental Diseases and Infestation with Vermin)

- NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1957 and later	1	50	48
1956	1	22	22
1955	1	2	3
1954	—	1	1
1953	—	—	—
1952	—	—	—
1951	—	—	—
1950	21	28	42
1949	11	27	32
1948	—	—	—
1947	—	—	—
1946 and earlier	41	19	60
Total	76	149	208

Table C—Other Inspections

- NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.
- A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	1,848
Number of Re-inspections	1,623
Total	3,471

Table D—Infestation with Vermin

- NOTES:—All cases of infestation, however slight, are included in this Table.
- The return relates to individual pupils and not to instances of infestation.

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... 48,907
- (b) Total number of individual pupils found to be infested ... 1,005
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... —
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... —

Part II—Defects found by Medical Inspection during the year

Table A—Periodic Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections, are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	4	41	4	20	4	20	12	81
5	Eyes—								
	(a) Vision	2	15	41	197	33	108	76	320
	(b) Squint ...	12	39	1	10	7	16	20	65
	(c) Other	2	7	—	10	—	10	2	27
6	Ears—								
	(a) Hearing ..	1	10	3	5	2	5	6	20
	(b) Otitis								
	Media ...	1	52	2	6	6	13	9	71
	(c) Other	—	7	1	2	2	5	3	14
7	Nose and Throat ...	25	119	1	10	23	31	49	160
8	Speech	7	32	—	—	1	5	8	37
9	Lymphatic Glands ...	—	35	—	2	—	7	—	44
10	Heart	2	10	—	5	—	10	2	25
11	Lungs	—	27	—	6	—	11	—	44
12	Develop- mental—								
	(a) Hernia ...	1	7	—	6	2	13	3	26
	(b) Other	1	12	1	2	1	13	3	27
13	Orthopædic—								
	(a) Posture ..	—	30	1	4	3	12	4	46
	(b) Feet	5	19	1	9	8	9	14	37
	(c) Other	4	19	4	11	4	16	12	46
14	Nervous System—								
	(a) Epilepsy .	1	6	—	2	—	3	1	11
	(b) Other	—	9	—	—	—	4	—	13
15	Psycho- logical—								
	(a) Develop- ment	—	7	—	1	—	5	—	13
	(b) Stability .	1	7	—	1	—	2	1	10
16	Abdomen	—	6	—	10	—	20	—	36
17	Other	—	12	—	5	—	4	—	21

Table B—Special Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections, are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	332	23
5	Eyes:		
	(a) Vision	294	274
	(b) Squint	6	4
	(c) Other	37	17
6	Ears:		
	(a) Hearing	8	5
	(b) Otitis Media ..	7	9
	(c) Other	11	9
7	Nose and Throat	16	53
8	Speech	9	13
9	Lymphatic Glands ...	1	4
10	Heart	—	23
11	Lungs	—	22
12	Developmental:		
	(a) Hernia	—	1
	(b) Other	1	25
13	Orthopædic:		
	(a) Posture	2	1
	(b) Feet	6	11
	(c) Other	6	10
14	Nervous System:		
	(a) Epilepsy	—	8
	(b) Other	—	9
15	Psychological:		
	(a) Development ..	—	5
	(b) Stability	—	8
16	Abdomen	—	13
17	Other	373	259

Part III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

NOTES :—The following tables show the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	54
Errors of refraction (including squint)	2,776
Total	2,830
Number of pupils for whom spectacles were prescribed	1,983

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear	37
(b) for adenoids and chronic tonsillitis	275
(c) for other nose and throat conditions	44
Received other forms of treatment	18
Total	374

Total number of pupils in schools who are known to have been provided with hearing aids:

* (a) in 1961	2
(b) in previous years	39

* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

Table C—Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients' departments	427
(b) Pupils treated at school for postural defects	—
Total	427

Table D—Diseases of the Skin

(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm:	
(a) Scalp	—
(b) Body	—
Scabies	53
Impetigo	15
Other skin diseases	252
Total	320

Table E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	19

Table F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	135

Table G—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	465
(b) Pupils who received convalescent treatment under School Health Service arrangements	3
(c) Pupils who received B.C.G. vaccination ...	959
(d) Other than (a), (b) and (c) above.	
Please specify:	
Orthoptic	631
Total (a)—(d) ...	2,058

Part IV—Dental Inspection and Treatment Carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) At periodic inspections	6,842
(b) As specials	3,558
Total (1)	<u>10,400</u>
(2) Number found to require treatment	8,391
(3) Number offered treatment	7,435
(4) Number actually treated	5,955
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)	14,949
(6) Half-days devoted to:	
(a) Periodic (school) inspection	50 $\frac{1}{4}$
(b) Treatment	1,506 $\frac{1}{2}$
Total (6)	<u>1,556$\frac{3}{4}$</u>
(7) Fillings:	
(a) Permanent teeth	7,243
(b) Temporary teeth	727
Total (7)	<u>7,970</u>
(8) Number of teeth filled:	
(a) Permanent teeth	6,520
(b) Temporary teeth	678
Total (8)	<u>7,198</u>
(9) Extractions:	
(a) Permanent teeth	3,401
(b) Temporary teeth	6,399
Total (9)	<u>9,800</u>
(10) Administration of general anæsthetics for extraction	2,062
(11) Orthodontics:	
(a) Cases commenced during the year	45
(b) Cases brought forward from previous year	139
(c) Cases completed during the year	22
(d) Cases discontinued during the year	8
(e) Pupils treated by means of appliances	111
(f) Removable appliances fitted	106
(g) Fixed appliances fitted	5
(h) Total attendances	955
(12) Number of pupils supplied with artificial teeth	92
(13) Other operations:	
(a) Permanent teeth	4,528
(b) Temporary teeth	242
Total (13)	<u>4,770</u>

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-Normal	Epileptic	Speech Defects	Total
In the calendar year ended 31st December, 1961:											
A. Number of Pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes ...	...	3	...	2	6	33	1	9	...	...	54
B. (i) Number of these children who were newly placed in Special Schools (other than Hospital Special Schools) or Boarding Homes	...	...	...	2	4	23	1	8	...	...	38
(ii) Number of children who were assessed prior to the 1st January, 1961, and were newly placed in Special Schools (other than Hospital Special Schools) or Boarding Homes	...	1	...	3	2	5	...	11	...	...	22
On or about 20th Jan., 1961:											
C. Number of Handicapped Pupils from the Authority's area who were:											
(i) requiring places in Special Schools											
(a) as Day Pupils	...	...	...	...	...	2	...	2	...	...	
(b) as Boarding Pupils	...	1	1	...	3	...	...	...	...	...	
(ii) included at (i) but had not reached the age of 5 and were awaiting											
(a) day places	...	...	...	...	...	...	...	...	...	...	
(b) boarding places ...	...	...	...	...	...	...	...	...	...	...	
(iii) included at (i) who had reached the age of 5 but whose parents had refused to consent to their admission to a Special School were awaiting											
(a) day places	...	...	...	...	...	...	...	...	...	...	
(b) boarding places	...	1	...	...	1	...	...	...	...	...	

Continued overleaf

	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-Normal	Epileptic	Speech Defects	Total
D. Number of Handicapped Pupils:											
(i) on the registers of											
(1) Maintained Schools as											
(a) as Day Pupils	...	19	13	12	24	76	...	99	...	...	243
(b) as Boarding Pupils	...	...	...	...	1	30	...	...	...	...	31
(2) Non-maintained Special Schools as											
(a) as Day Pupils	...	...	...	...	...	...	...	...	...	...	...
(b) as Boarding Pupils	1	...	5	1	4	...	3	...	1	...	15
(ii) on the registers of independent schools under arrangements made by the Authority	...	...	...	...	...	...	...	...	...	...	...
(iii) Boarded in homes and not already included under (i) and (ii) above	...	...	...	...	...	...	...	...	...	...	...
E. Number of Handicapped Pupils (irrespective of area to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944:											
(i) in hospitals	...	...	...	...	...	...	...	...	...	...	...
(ii) in other groups (e.g., units for spastics, convalescent homes)	...	...	...	...	...	...	...	...	...	...	...
(iii) at home	...	...	...	...	...	...	...	...	...	...	...

Number of Children on whom Information has been passed to the Local Health Authority for the Purpose of the Mental Health Act, 1959.

	Male	Female	Total
Children unsuitable for education at school ...	1	1	2
School leavers who are considered to require care and guidance.—			
On leaving special schools	4	4	8
On leaving ordinary schools	—	—	—
	5	5	10

